



**October 16, 2019, 9:30-11:30AM**

**Location: 450 W. State St.,  
2th Floor, Conference Room 2B**

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## Meeting Minutes:

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**Member Attendees:** Matt Wimmer, Dr. Kelly McGrath, Dr. Lydia Bartholomew, Norm Varin, Wren Withers, Yvonne Ketchum-Ward, Larry Tisdale, Teresa Cirelli, Cynthia York

**Staff:** Mary Sheridan, Stephanie Sayegh

**Guests:** Elke Shaw-Tulloch, Joe Pollard, Dieuwke Dizney-Spencer

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## Summary of Motions/Decisions:

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**Motion:**

Yvonne Ketchum-Ward moved to accept the minutes of the September 16<sup>th</sup>, 2019 Payer Provider Workgroup meeting as presented.  
Cynthia York second the Motion.

**Outcome:**

Passed

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## Agenda Topics:

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**Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review-** *Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup*

- ◆ Meeting called to order at 9:34 AM
- ◆ HTCI meeting tomorrow, 10/17/19

**Charter Update-** *Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup*

- ◆ Presented updated charter to HTCI and approved. Modification was to change the description for identifying “top 10 spends” to identifying cost drivers that can be improved through payer and provider collaboration.

**HealthCare Payment Learning & Action Network (HCP-LAN) categories - Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup**

- ◆ We will have an HCP-LAN presentation at a future PPW meeting to ensure all have the same information.
- ◆ Suggested we have provider and payer present together.

**Inviting additional providers to participate in PPW**

- ◆ Acknowledged the Payer Provider Workgroup does not currently include robust provider representation.
- ◆ Suggested we need to ensure providers’ time is well spent and be strategic with engagement. The group will consider the ideal points at which to incorporate broader provider representation.

**Meeting Schedule- Norm Varin and Dr. Kelly McGrath Co-Chairs of the Payer Provider Workgroup**

- ◆ Reminder: next meeting is November 18<sup>th</sup> at 1:30pm MT

**Request for Proposal (RFP) update- Mary Sheridan Bureau Chief Rural Health and Primary Care**

- ◆ RFP will require contractor to identify the percent of beneficiaries and percent of payments in HCP-LAN categories. Results will be compared to 2017 data collected during the Statewide Healthcare Innovation Plan (SHIP). Referred to SHIP document titled, “Payer Financial and Enrollment Metrics for Goal 6.” Document will be included with RFP documents to assure a comparison of 2018 data to the 2017 SHIP analysis.
- ◆ Workgroup members discuss whether or not the cost avoidance categories in the SHIP report titled, “Idaho Statewide Healthcare Innovation Plan Projected Financial Results.” Following discussion, the group agreed the categories may be valuable, however, there is currently no clear need to collect this data since there are no specific projects to impact them.
- ◆ Suggested including measuring the cost of care (e.g., inpatient, outpatient, pharmacy, primary care). Payers tend to use similar categories and the data will already exist.
- ◆ Suggested including lines of business.
- ◆ RFP will include an option for additional special projects, as needed and resources are available.
- ◆ Do we include self-insured? Level-set is important – to ensure everyone is measuring the same
- ◆ Timing for establishing a new contract after the RFP process is 3-6 months. Draft is ready and hope to publish within the next couple of weeks.

**Division of Public Health Data Presentation and background on selecting four (4) priority areas –**

*Elke Shaw-Tulloch and Joe Pollard, Department of Public Health*

- ◆ Healthcare transformation and social determinants of health – two key areas for the Division of Public Health. Opportunities for leverage and alignment.
- ◆ Shared and discussed the process for selecting the 4 Division of Health priorities: mental/behavioral health, overweight/obesity, diabetes, and unintentional injury.
- ◆ Process included an assessment, data review, key informant interviews, and stakeholder meeting.
- ◆ Priority areas determined through stakeholder engagement process.

- ◆ Reviewed data available on Get Healthy Idaho website ([gethealthy.dhw.idaho.gov](http://gethealthy.dhw.idaho.gov)) which also includes a [dashboard](#).

### **Define strategy to identify three (3) cost drivers to impact through collaboration**

- ◆ Discussed strategies and ideas for identifying the 3 cost drivers that can be impacted through collaboration.
- ◆ Legislature is focused on deliverables and want to see impact to support future funding.
- ◆ Suggestions included:
  - Sepsis: Importance of early diagnosis and intervention. Associated with high cost and high mortality. One of the highest paying DRGs. There are sometimes also challenges with billing for patients with a sepsis diagnosis with a short or emergency department only visit. Implementing new strategies and protocol in north Idaho that could be replicated.
  - Focus on foundational elements that impact health: behavioral health, high blood pressure, chronic disease management. Focus early instead of downstream.
  - Identify outliers: where is Idaho an outlier? Example of back surgery in the past. Could find something more recent.
  - Division of Public Health priorities and potential for collaboration.
  - BMI (body mass index): foundational element and a small reduction can result in health improvement.
- ◆ Prioritization:
  - Establish a process for the group to prioritize issues.
  - Select Health has group decision-making tools to they can share.
  - Need to focus on drivers the group can impact through collaboration.
  - Chairs will also work with Mary Sheridan outside of PPW meetings for other solutions.

### **Closing**

- ◆ We need to have an early win and show how we can collaborate to impact.
- ◆ Will identify presentations for future PPW meetings to support planning and decision-making.
- ◆ Topic ideas for December meeting:
  - Presentation from Dr. McGrath on development of sepsis protocol, collaboration process, and early outcome data, if available.
  - Presentation about data points where Idaho is an outlier.
  - Share ideas and methodologies for decision-making. Select Health willing to present their strategy.

**Meeting Adjourned: 11:25 am**